



2008 LIT Medical Form
Please complete a separate application form for each camper - PLEASE PRINT
Form must be complete and signed by Parent/Guardian

Name: (Last) _____ (First) _____ Male Female

Ontario Health Card Number: _____

Camper's Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Phone Number: (_____) _____ - _____ Date of Birth: ____ / ____ / ____
Month Day Year

Parent / Guardian Work Phone Number: (_____) _____ - _____

Parent / Guardian Work Phone Number: (_____) _____ - _____

Emergency Contact (Other than Parent): _____ Relationship: _____

Phone Number of Emergency Contact: (_____) _____ - _____

Family Doctor: _____ Phone: (_____) _____ - _____

Medical History

- Diabetes
- Heart Trouble
- Asthma
- Epilepsy
- Kidney Trouble
- Bed Wetting
- Sleepwalking
- Fainting
- Other: _____

Please give any relevant details for nurse

Allergies

- Hay Fever
- Eczema
- Bee Sting
- Food
- Drug
- Other: _____

Please give specifics and list any other allergies

Regular Medications

Medication: _____

Dosage: _____

Times Taken: _____

Medication: _____

Dosage: _____

Times Taken: _____

Please note that when counselling or living in the same building as campers, staff will be required to turn in personal medication to the camp nurse. All medications must come in their ORIGINAL container. Prescription medication must be for the staff worker indicated on the label and all labels must have proper dosages detailed. Any outdated medications or those not in their original containers will NOT be administered to staff workers while they are under the supervision of Camp Kahquah.

Food Allergy Policy: Our desire is to create a safe environment for everyone. We will make reasonable efforts to ensure that staff will not have a food allergy attack while at Camp Kahquah. We are not a peanut-free location. Our goal is to help those on site to self-manage their condition. For more information call 705-387-3923.

By my signature, I declare that the medical history attached is complete and accurate and I give my permission for a physician selected by the appointed Camp Director to hospitalize, secure proper treatment for, and to order injection, anaesthesia or surgery for the above named in the event of a medical emergency and for the family doctor to be contacted in such a case.

Signature of Parent/Guardian _____ Date Signed: _____